

**Appendix A
ABC Subsidy Certification Form
(Taxable Subsidy)**

Participant Name: _____

Claims for the ABC subsidy will be accepted annually and are due to the Parking and Transit Office as follows:
Claims for the months of October 1 –September 30 are due on October 31th

Attach the completed form below and your paid receipt(s) to a paper form 1164. Proper Signature(s) are required.
Submit completed forms via email to Parking.TransitOffice@dot.gov or to the below address:

TRANServe
Parking and Transit Office
W12-101
1200 New Jersey Ave. SE
Washington, DC 20590

<p>January Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>
<p>March Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>
<p>May Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>
<p>July Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>
<p>September Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>
<p>November Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>

<p>February Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>
<p>April Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>
<p>June Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>
<p>August Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>
<p>October Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>
<p>December Year _____</p> <p>I certify that I rode my bike a minimum of 50% to and from work and /or in conjunction with my monthly transit benefit as part of my work commute for this month.</p> <p>_____</p> <p>Participant Signature</p>

I certify the receipts attach to this form qualify for the Active Bicycle Benefit (ABC) subsidy.

Participant Signature: _____